

03-29-04

3752

EXPRESS MAIL NO. EV336651559US



# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/919,778
Filing Date	July 31, 2001
First Named Inventor	Mohamed A. Hashish
Art Unit	3752
Examiner Name	Dinh Q. Nguyen
Attorney Docket No.	340058.533

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MAR 31 2004

TECHNOLOGY CENTER R3700

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Richard C. Vershave	Customer Number 00500
Signature		
Date	March 26, 2004	

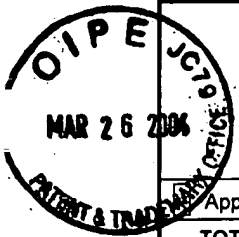
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	***SENT VIA EXPRESS MAIL***	
Signature		Date:

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 950

Complete if Known	
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METHOD OF PAYMENT																																											
<input checked="" type="checkbox"/> Payment Enclosed:																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																											
<input type="checkbox"/> Deposit Account:																																											
Deposit Account Number	19-1090																																										
Deposit Account Name	Seed Intellectual Property Law Group PLLC																																										
The Director is authorized to (check all that apply)																																											
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments																																										
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																											
<input checked="" type="checkbox"/> Charge any deficiencies																																											
to the above-identified deposit account.																																											
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																											
Total Claims	26	-42** =	0	* Fee from below	18	=	0																																				
Independent Claims	2	-4** =	0	* Fee from below	86	=	0																																				
Multiple Dependent				* Fee from below	290	=	0																																				
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SUBMITTED BY		Registration No.		Customer Number
Name (Print/Type)	Richard C. Vershave	Attorney/Agent	55,907	
Signature	<i>Richard C. Vershave</i>	Date	March 26, 2004	
				00500

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